

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE
						APPLICANT(S)	10/049427
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.		
1						51	
2						52	
3						53	
4						54	
5						55	
6						56	
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43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS		TOTAL IND.	
16		18		34		4	
						4	

1360 (3-75)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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